

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| | MA | | 11-29 |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 43 | 7/9/01 |
| FORMALITY REVIEW | S.H. | 1-82 | 08/27/01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

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| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — | (Through numeral) Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

829/05/27